

Case Number:	CM15-0137004		
Date Assigned:	07/27/2015	Date of Injury:	12/07/1998
Decision Date:	09/16/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/15/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Dentist

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old male, who sustained an industrial injury on 12/07/1998. Diagnoses include traumatic injury to mouth/teeth at work and gross decay and tooth loss due to pain medication. Treatment to date has included surgical removal of #14 tooth, diagnostics, bone grafting and dental implants. Per the DDS Letter of Medical Necessity and Request for Authorization dated 7/10/2015 the injured worker will require his routine periodontal recall and maintenance appointment. At that time all the areas of his mouth will be scaled and root planed and a dental prophylaxis and 4 x-rays will be taken. Without this treatment his periodontal condition will deteriorate. Authorization was requested for periodic dental exams every 4 months, periodontal maintenance every 4 months one x-ray (as first film) and 3 additional x-rays every 4 months.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

1 periodic dental exam (once every 4 months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology, J Periodontol. 2011 Jul; 82(7); 943-9. [133 references] PubMed (The format of this guideline does not specify chapters or sections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines CA MTUS/ACOEM Guidelines - General Approach to Initial Assessment and Documentation (9792.20. MTUS July 18, 2009 page 3 and ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 2).

Decision rationale: Records reviewed indicate that this patient has received dental treatments including surgical removal of #14 tooth, diagnostics, bone grafting and dental implants. On letter dated 07/10/15 treating dentist is requesting routine periodontal recall and maintenance appointments which at that time all areas of his mouth will be scaled and root planned and dental prophylaxis and 4 X-rays will be taken. Dentist states without this treatment his periodontal condition will deteriorate. Also reviewed letter dated 08/10/15 from the provider re-submitting claims for payment. The treating dentist is requesting periodic dental exams every 4 months, periodontal maintenance every 4 months one x-ray (as first film once every 4 months) and 3 additional x-rays every 4 months for indefinite amount of time. However there are insufficient documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, probing depths, caries assessment to support this indefinite request for periodic dental exams every 4 months. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time and therefore is not medically necessary.

1 periodontal maintenance (once every 4 months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology, J Periodontol. 2011 Jul; 82(7): 943-9. [133 references] PubMed (The format of this guideline does not specify chapters or sections).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology. J Periodontol 2011 Jul; 82(7): 943-9 [133 references].

Decision rationale: Records reviewed indicate that this patient has received dental treatments including surgical removal of #14 tooth, diagnostics, bone grafting and dental implants. On letter dated 07/10/15 treating dentist is requesting routine periodontal recall and maintenance appointments which at that time all areas of his mouth will be scaled and root planned and dental prophylaxis and 4 X-rays will be taken. Dentist states without this treatment his periodontal condition will deteriorate. This reviewer believes that even though periodontal cleaning maybe medically necessary for this patient at this time, but an indefinite request for every 4 months is not medically necessary. First, there must be a dental re-evaluation performed to determine any ongoing needs. Per reference mentioned above, "periodontal evaluation and risk factors should be identified at least on an annual basis". Therefore, this reviewer finds this request to be not medically necessary.

1 x-ray (as 1st film) (once every 4 months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology, J Periodontal. 2011 Jul; 82(7); 943-9. [133 references] PubMed (The format of this guideline does not specify chapters or sections).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

Decision rationale: Records reviewed indicate that this patient has received dental treatments including surgical removal of #14 tooth, diagnostics, bone grafting and dental implants. On letter dated 07/10/15 treating dentist is requesting routine periodontal recall and maintenance appointments which at that time all areas of his mouth will be scaled and root planned and dental prophylaxis and 4 X-rays will be taken. Dentist states without this treatment his periodontal condition will deteriorate. Also reviewed letter dated 08/10/15 from the provider re-submitting claims for payment. The treating dentist is requesting X-ray (as first film once every 4 months) and 3 additional x-rays every 4 months for indefinite amount of time. However there are insufficient documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, probing depths, caries assessment to support this indefinite request for X-rays every 4 months. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. The request is not medically necessary.

3 additional x-rays (once every 4 months): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Comprehensive periodontal therapy: a statement by the American Academy of Periodontology, J Periodontal. 2011 Jul; 82(7); 943-9. [133 references] PubMed (The format of this guideline does not specify chapters or sections).

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Decision rationale: Records reviewed indicate that this patient has received dental treatments including surgical removal of #14 tooth, diagnostics, bone grafting and dental implants. On letter dated 07/10/15 treating dentist is requesting routine periodontal recall and maintenance appointments which at that time all areas of his mouth will be scaled and root planned and dental prophylaxis and 4 X-rays will be taken. Dentist states without this treatment his periodontal condition will deteriorate. Also reviewed letter dated 08/10/15 from the provider re-submitting claims for payment. The treating dentist is requesting X-ray (as first film once every 4 months) and 3 additional x-rays every 4 months for indefinite amount of time. However there are insufficient documentation of claimant's current dental complaints, and clinical examination including oral examination/periodontal evaluation, probing depths, caries assessment to support this indefinite request for X-rays every 4 months. Absent further detailed documentation and clear rationale, the medical necessity for this request is not evident. Per medical reference

mentioned above "a focused medical history, work history and physical examination generally are sufficient to assess the patient who complains of an apparently job related disorder" in order to evaluate a patient's needs. This reviewer does not believe this has been sufficiently documented in this case. This reviewer recommends non-certification at this time. The request is not medically necessary.